



ILLINOIS
CREDO
RECOVERY

Please return to: **IL Credo Recovery**
Pre-Weekend Director
1643 N. Alpine Rd. #179
Rockford, IL 61107

BREAKING THE CHAINS OF ADDICTION THROUGH JESUS CHRIST

www.credorecoveryil.org

Participant Registration

IL Credo Recovery Weekend

Weekend: MEN'S WEEKEND WOMEN'S WEEKEND SPRING FALL YEAR: 20____

Suggested donation for the weekend is \$140.00

Registrations are due 10 days prior to the weekend.

Up to 30 Participants accepted for a weekend. Admission is first come first serve.

Must be clean and sober for at least 30 days.

(Please PRINT clearly)

First Name: _____ Last Name: _____ Birth Date: ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____

E-Mail Address: _____

Church Affiliation Name: _____ Location: _____

Are you? (Check all that apply): Outgoing Quiet Leader Follower Smoker Snorer

If necessary, can you sleep on a top bunk? Yes No

Emergency contact

Name: _____ Home Number: _____ Work Number: _____ Cell Number: _____

Please list and physical restrictions, food allergies and/or medication you are taking *(For medical personnel only)*:

We require you to stay and participate for the entire 3 days in order to get the full benefit from a Credo Recovery Weekend.

Do you agree to participate for the full 3 days? Yes No

Name of person sponsoring you on the weekend: _____ Contact Number: _____

By signing this application, I understand that I will clear my schedule from 6:00 PM Thursday evening to 6:00 PM Sunday evening to fully participate in this weekend. I also declare that I have been clean and sober for at least 30 days. *(Please note: Sobriety time and/or regulations for weekend passes at treatment facilities take precedence over any Credo Recovery requirements.)*

Signature: _____ **Date:** ____/____/____

(Revised 02/02/2020)

Date received (Office use): ____/____/____